

BIRDRISE FARM STAY BOARDING KENNELS

Owner - Mrs. Jane McDonald
188 Whites Road, Flaxley SA 5153
Postal Address: P.O. Box 1206, Echunga SA 5153
Phone: 0482 422 262
Email: info@birdrisekennels.com.au

OWNER'S DETAILS

Mr. Mrs. Ms.
Address:
.....
Phone: Mobile:
Holiday Destination:
Alternative Contact Person: Contact Telephone

DOG'S DETAILS

Name: Age: Sex: Desexed YES/NO

Breed: Colour

Vaccination - Date next due: (Must be C5)

Preferred Vet and Contact Number:

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BOOKING DETAILS

Date of Arrival: Time:

Date of Departure: Time:

***** PLEASE NOTE, AN ACTUAL TIME MUST BE STATED SO THAT SOMEONE IS IN RECEPTION TO GREET YOU.**

This can be anywhere between 9.00am – 12.30pm and 3.30pm – 4.30pm

Total Days Boarding: @ 48.00 per dog per night.

Medication Fee: @ \$ 3.00 per dog per night.

Insulin Inj. Fee: @ \$ 8.00 per dog per night.

Additional Treats: @ \$ 2.00 per dog per night.

TOTAL DUE PAYMENT PRIOR OR AT DROP OFF OF DOG.

Bank Details: KD & J McDonald

NO EFTPOS AS YET.

BSB 105-025

Accnt No. 060 734 240

Vaccination Certificate must be C5. Please either scan and send or must be produced on Drop Off.

Does your Dog have any current Medical Conditions? Yes No.....

Condition Explained

Has your Dog ever had Pancreatitis or any other condition that may affect his/her diet?
Yes....No....

Is your dog on any Oral, Topical or Injectable Medications? Yes No

If Yes, please list Name of Drug and Dose Rate.
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How would you best describe your dog's temperament with People they don't know?

Friendly Shy Aggressive

How would you best describe your dog's temperament with other Dogs?

Friendly Shy Aggressive

Any further information regarding your Dogs temperament that you think we should know?

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Are you happy for your Dog to play with others in our Large Exercise Areas? Yes No

What diet do you feed your Dog and how much? (Please answer in full) Eg Hills, Advance, Supercoat etc

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How many times per day do you feed? Once Twice Other

TERMS AND CONDITIONS FOR BOARDING DOGS

I hereby give permission for my Dog to be taken to a Veterinary Clinic for treatment or such other medication as required, should the Dog show symptoms of illness or other condition requiring the attention of a Veterinary Surgeon. I agree to pay all costs incurred for the treatment, and for any transportation costs.

My Dog's Vaccinations for Parvo Virus, Distemper, Hepatitis and Kennel Cough in the form of C5 are current and up to date.

I will pay for all Boarding costs as quoted, plus any extra involved in special dietary requirements and any Veterinary Expenses which may occur during the period of Boarding of my Dog.

I will pay all Boarding Costs up front or on drop off of my Dog and will collect my Dog within 1 hour of informed pick up or phone regarding any changes. Failure to do so will incur one extra day's Boarding Fee.

I agree that although Birdrise Farm Stay Boarding Kennels will take care of my Dog, house it in a clean and weatherproof environment, Exercise and Feed according to my requirements, no responsibility will be taken for any health problem, loss or death of the animal while in the custody of the Kennel.

I agree and understand that if I board my Dog(s) for longer than originally contracted, I will contact Birdrise Farm Stay Boarding Kennels to let them know the new details and accept normal daily charges for additional days boarding.

I agree and understand that if I board my Dog(s) for a shorter period than originally contracted, no refund will be given for the shorter period.

If I have not returned and/or contacted Birdrise Farm Stay Boarding Kennels for an overdue period of 14 days, I agree and give my authority to rehome my pet. I agree to indemnify Birdrise Farm Stay Boarding Kennels, against my liability costs, demands and charges whatsoever in respect of their action. I agree to pay all costs and charges in connection with such action.

If the death of my Dog occurs I would prefer him/her to be Cremated / kept until my return for burial / disposed of by a Veterinary Clinic.

Please circle one of the above, if not circled the animal will be disposed of by a Veterinary Clinic.

Name.....

Signature

Date of Arrival: Date of Departure